

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/552683

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		2		
4		3		3		
5		4		4		
6	1					
7		1		1		
8		2		2		
9		3		3		
10		4		4		
11		5		5		
12		6		6		
13		7		7		
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16		10		10		
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27		21		21		
28		22		22		
29		23		23		
30		24		24		
31		25		25		
32		26		26		
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34		28		28		
35		29		29		
36		30		30		
37		31		31		
38		32		32		
39		33		33		
40		34		34		
41		35		35		
42		36		36		
43		37		37		
44		38		38		
45		39		39		
46		40		40		
47		41		41		
48		42		42		
49		43		43		
50		44		44		
TOTAL IND.		↓	1	↓		↓
TOTAL DEP.		←	10	←		←
TOTAL CLAIMS			11			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						